

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	M	70591	11/2
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	Ann	59229	11/19/99

AS 59229 8/10/00

INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
— (Through numeral)	Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Date
Final	Original
1	✓
2	
3	
4	
5	✓
6	
7	✓
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14	
15	
16	
17	✓
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20	
21	
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23	
24	✓
25	✓
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27	✓
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46	
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49	
50	✓

Claim	Date
Final	Original
51	✓
52	✓
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61	
62	✓
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64	✓
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88	✓
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90	✓
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98	
99	
100	✓

Claim	Date
Final	Original
101	✓
102	✓
103	✓
104	✓
105	✓
106	✓
107	✓
108	✓
109	✓
110	✓
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If more than 150 claims or 10 actions
staple additional sheet here

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